



Jeremiah W. (Jay) Nixon Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Serial Number:	MP2480				
Manufacturer:	Guth				
Model Number:	12V500				
		CALIBRATION RESULTS			
		Reference Temperature 34.01	Simulator Temperature 33.99		
This calibration was performed with NIST-Traceable Thermometer SN: 306168					
This simulator was tested by:		JLC			
This testing was performed:		10/14/15			
This certification expires:		10/14/16			
Signature of certifyir	ng DHSS Scie	ntist: <i>E</i> M	A.		
Name of certifying DHSS Scientist		t: Ellen R. S	strawsine	<u>.</u>	

Missouri State Highway Patrol

Agency:



Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466



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BREATH ALCOHOL SIMULATOR TEST WORKSHEET

Test Simulator Information

Agency	Missouri Sta	te Highway Patrol		<u> </u>
Email for COC	Jimmy.clevel	and@mshp.dps.mo	COPY OF LABEL PLACED	
Serial Number:	MP24	80	ON SIMULATOR	
Manufacturer:	Guth			
Model Number:	12V500		# # # # # # # # # # # # # # # # # # #	
NIST-Traceable Refer	rence Thermoi	meter Information		similatu ACLAT PHXAT EsterA Exorest Arxerest
Serial Number:	3061	68		N S S N S S S S S S S S S S S S S S S S
Date of Certification:	08/13/2015			D.VITE D.VITE
Date of Expiration:	08/1	3/2016		
<u>Test Simulator Measu</u>	rements			2000
	Readings	Reference Thermometer	Test Simulator	1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
	1	34.01	33.99	
	2	34.01	33.99	
7	3	34.01	33.99	
	4	34.81	33.99	
7	5	34.01	33.99	
Bias (δ_T) :		82		
Technician performing	g testing:	Jimmy L. Cleveland		
I hereby certify that all data of Breath Alcohol Simulator	submitted within t	his form was collected ir 30.051, Breath Analyzer	n accordance with the DHSS Calibration and Accuracy V	Procedure for the Testing Perification Standards.
Signature:	PCL	£	Date: 10-14-1	5
Submit completed forms for		ution to DHSS Breath Ald h <u>ealth.mo.gov</u> or <u>breatha</u>		3) 840-9139 or by email at

www.health.mo.gov